

MONTANA AIR QUALITY REGISTRATION FORM FOR OIL AND GAS WELL FACILITIES

Montana Department of Environmental Quality

Supervisor Registration Program

Air Quality Registration Program

49 N. Main Street, Suite B

Butte, MT 59701

Phone: (406) 782-2689 FAX (406) 782-2701

For State of Montana Use Only

Registration Number

Registration Fee Paid? ☐ Yes ☐ No

Amount Paid

AFS #

Submit one (1) signed original paper copy and one (1) electronic copy of the registration form(s) (including calculations) or one (1) signed original paper copy and three (3) paper copies and the associated registration fee to the Air Quality Registration Program at the above address. Please contact the Montana Department of Environmental Quality (Department) if you have any questions or need assistance. A Department response will be provided to the facility within 30 days after receipt and review of the registration information.



☐ New Facility? ☐ Update to Registered Facility?

(Note: For facility deregistration, submit a letter of request to the Department along with all applicable calculations for review to determine the facility's potential to emit.)

COMPANY AND FACILITY NAME AND ADDRESS

Company Name: _____

Facility Name: _____

Mailing Address: _____

Contact Information

Owner's Name _____ Telephone _____

Contact Person _____ Telephone _____

PHYSICAL LOCATION AND FACILITY INFORMATION

Qtr/Qtr Section _____ Section _____ Township _____ Range _____

Latitude _____ Longitude _____ County _____

General Nature of Business _____

Standard Industrial Classification Codes(s) _____

Standard Industrial Classification Description(s) _____

Well Completion Date: _____ Date of Initial Production _____

Gas Production (MMscf/day) _____ Oil Production Rate (bbl/day) _____

Facility Process Description

Narrative Description of the Site and Facility: *(Provide a brief written description of the site and facility.)*

Site Maps: *(Provide as an attachment to this form a topographical and facility site map.)*

Narrative Project Summary: *(Provide a written narrative summarizing the project and equipment or any changes to the facility if previously registered.)*

EMISSIONS UNIT EQUIPMENT INFORMATION

Where applicable, provide the following information for each facility emitting unit (including pollution control equipment) such as heater treatment units, dehydrators, tanks, internal combustion engines, wellhead assemblies, and smokeless combustion devices as well as fugitive equipment leaks. For additional emitting units or additional emissions information, provide as a separate attachment, as needed.

Facility Equipment Emitting Unit(s) Specifications

Emitting Unit 1:

Manufacturer's Name _____ Model _____
 Unit Type _____ Size _____
 Year of Manufacture _____
 Year of Installation _____
 Maximum Rated Design Capacity or Throughput _____

Emitting Unit 2:

Manufacturer's Name _____ Model _____
 Unit Type _____ Size _____
 Year of Manufacture _____
 Year of Installation _____
 Maximum Rated Design Capacity or Throughput _____

Emitting Unit 3:

Manufacturer's Name _____ Model _____
 Unit Type _____ Size _____
 Year of Manufacture _____
 Year of Installation _____
 Maximum Rated Design Capacity or Throughput _____

Emitting Unit 4:

Manufacturer's Name _____ Model _____
 Unit Type _____ Size _____
 Year of Manufacture _____
 Year of Installation _____
 Maximum Rated Design Capacity or Throughput _____

Emitting Unit 5:

Manufacturer's Name _____ Model _____
 Unit Type _____ Size _____
 Year of Manufacture _____
 Year of Installation _____
 Maximum Rated Design Capacity or Throughput _____

Emitting Unit 6:

Manufacturer's Name _____ Model _____
 Unit Type _____ Size _____
 Year of Manufacture _____
 Year of Installation _____
 Maximum Rated Design Capacity or Throughput _____

Emitting Unit 7:

Manufacturer's Name _____ Model _____
 Unit Type _____ Size _____
 Year of Manufacture _____
 Year of Installation _____
 Maximum Rated Design Capacity or Throughput _____

Facility Air Pollution Control Unit(s) Identification

Air Pollution Control Unit 1:

Manufacturer's Name _____ Model _____
 Unit Type _____ Size _____
 Year of Manufacture _____ Estimated Control Efficiency _____
 Date of Installation _____ Emitting Unit Controlled _____
 Estimated Cost of Pollution Control Equipment _____

Air Pollution Control Unit 2:

Manufacturer's Name _____ Model _____
 Unit Type _____ Size _____
 Year of Manufacture _____ Estimated Control Efficiency _____
 Date of Installation _____ Emitting Unit Controlled _____
 Estimated Cost of Pollution Control Equipment _____

FACILITY EMISSIONS SUMMARY

The following tables must be completed for each emission source for total uncontrolled and controlled potential emissions from each source. Calculations must be provided as a separate attachment to this form. Potential emissions are to be calculated based on the production at a maximum capacity for 8760 hours per year (hrs/yr). (Note: To estimate produced gas flare emissions during periods of emergency, assume 500 to 2,000 hrs/yr of operation at maximum production capacity.)

Uncontrolled Potential Emissions (Tons Per Year)

EMISSION SOURCE (e.g., crude tanks, water tanks, heater treater, natural gas-fired heater, produced gas flare, flash separator, pneumatic pump, separator gas vent, truck loading, fugitive equipment leaks etc.)	Uncontrolled Potential Emissions (Tons Per Year)						
	VOC	HAPs	NO _x	CO	SO ₂	PM ₁₀	H ₂ S
TOTAL							

Controlled Potential Emissions (Tons Per Year)

For controlled potential emission calculations, include controlled emissions from each controlled source and uncontrolled emissions from each source which does not have control such as process equipment.

EMISSION SOURCE	Controlled Potential Emissions (Tons Per Year)						
	VOC	HAPs	NO _x	CO	SO ₂	PM ₁₀	H ₂ S
TOTAL							

Notes: 1.) Calculations for the uncontrolled and controlled potential emissions must be provided as a separate attachment to this form. Please make sure to include all applicable calculations, spreadsheets, emission factors, manufacturers' data, field gas composition data, E&PTANKS program inputs and outputs, and/or any other appropriate model input and outputs.

2.) For air emissions that are determined to be minimal or negligible, please provide a brief written statement or explanation justifying this designation.

CERTIFICATION OF ACCURACY AND COMPLETENESS

I hereby certify that, to the best of my knowledge, information and belief, formed after reasonable inquiry, the information provided in this facility registration is true, accurate, and complete.

(Name, title and signature of corporate officer, responsible official, authorized representative, or designated representative under Title IV 1990 FCAA.)

Name _____
(Print or Type)

Title _____ Telephone _____

Signature _____ Date _____
(Original Signature Required)

Oil and Gas Well Facilities Checklist for a Complete Registration

INDUSTRY		MDEQ
<input type="checkbox"/>	Company Name/Contact Information	<input type="checkbox"/>
<input type="checkbox"/>	Well/Facility Name	<input type="checkbox"/>
<input type="checkbox"/>	Legal Locations/Facility Information (e.g., Lat., Long., Sec., Twns., and Range)	<input type="checkbox"/>
<input type="checkbox"/>	Current Facility Production Rates (Oil and gas production rates)	<input type="checkbox"/>
<input type="checkbox"/>	Facility Process Description	<input type="checkbox"/>
<input type="checkbox"/>	Facility Plot Plan/Maps	<input type="checkbox"/>
<input type="checkbox"/>	List of Equipment Onsite	<input type="checkbox"/>
<input type="checkbox"/>	Facility Equipment Emission Calculations (e.g., heater treaters, oil tanks, water tanks, engines, flares, fugitive leaks etc.)	<input type="checkbox"/>
<input type="checkbox"/>	All Pertinent Dates (e.g., well completion and control installation dates etc.)	<input type="checkbox"/>
<input type="checkbox"/>	Gas Stream Composition Analyses (including H ₂ S)	<input type="checkbox"/>
<input type="checkbox"/>	Crude Oil Composition Analyses (if necessary) (Note: sample must be taken from the upstream side of the storage tank)	<input type="checkbox"/>
<input type="checkbox"/>	Emission Models (Inputs/Outputs)	<input type="checkbox"/>
<input type="checkbox"/>	Other Calculations	<input type="checkbox"/>
<input type="checkbox"/>	Signed Facility Registration Form	<input type="checkbox"/>